PATENT APPLICATION FEE DETERMINATION RECO									Application or Docket Number 09 15 29 9						
		CLAIMS A	S FILED (Colum					SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY				
TC	TAL CLAIMS		39					RATE		FEE	7	RATE	FEE		
FO	R	NUMBER FILED		NUMBER EXTRA			BASIC I				BASIC FEE				
οť	TAL CHARGEA	3 minus 20=		. 19			X\$ 9	=	171.00	OR	X\$18=	1.0.00			
IND	EPENDENT CI	4 minus 3 =		1			X40=		40.00		X80=				
MU	LTIPLE DEPEN	IDENT CLAIM P	RESENT							40.00	OR	7.00-			
* If the difference in column 1 is less than zero, enter "0" in column 2								+135	=		OR	+270=			
5 -1/2-									L	566.00	OR	TOTAL			
CLAIMS AS AMENDED - PART II								7				OTHER			
	(Column 1)				(Column 2) (Column 3) HIGHEST			SMAL	.L.E	NTITY	OR	SMALL			
AMENDMENT A		REMAINING AFTER AMENDMENT	•	NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	:	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	.17	Minus		20	=		X\$ 9=	=		OR	X\$18=			
	Independent	NTATION OF MI	Minus	DENDEN				X40=	:		OR	X80=			
	FINST FRESE	INTATION OF MI	JUIPLE DI	PENDEN	CLAIM		ا ^ا	+135=			OR	+270=			
							L	TOT			OR	TOTAL			
		(Column 1)		(Colu	mn 2)	(Column 3)		ADDIT. FE				ADDIT. FEE			
æ	604 44 6	CLAIMS REMAINING		HIGH		PRESENT	1		T	ADDI-	1	1.	ADDI-		
AMENDMENT		AFTER AMENDMENT		PREVI		EXTRA		RATE		TIONAL FEE		RATE	TIONAL		
2	Total	•	Minus	••		=		X\$ 9=	: 		OR	X\$18=			
ME	Independent	•	Minus	***		=	lt	X40=	1			X80=			
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									-		OR	700=			
					•			+135=	: [_	OR	+270=			
									AL E		OR	TOTAL ADDIT, FEE			
(Column 1) (Column 2) (Column 3)										-					
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL		
	Total	•	Minus	••		=		X\$ 9=	1		OR	X\$18=	FEE		
	Independent	•	Minus	***		-	 	X40=	+						
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									4		OR	X80=			
• 11	the entry in colu	mn 1 is less than th	e entry in co	hemn 2 write	"O" in co	hemo 3		+135=	┸		OR	+270=			
If the entry in column 1 is less than the entry in column 2, write "0" in column 3. "If the "Highest Number Previously Pald For" IN THIS SPACE is less than 20, enter "20." "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." TOTAL ADDIT. FEE											OR ,	TOTAL ADDIT, FEE			
i	he Highest Nur	mber Previously Pai ber Previously Pai	d For (Total	or Independ	is iess tha ent) is the	in 3, enter "3." highest numbe			_	ropriate box					